

<input type="checkbox"/> CRIME(S) (see A below)	OR	<input type="checkbox"/> VIOLATION(S) (see B below)	Type OTHER
--	----	--	---------------

10/15/2020 STATE OF OREGON

CH/OTHER PUBLIC BODY GRANTS PASS
COUNTY OF JOSEPHINE
Case No. 2019-44647
Court JOSEPHINE CO CIRCUIT COURT

DEFENDANT The undersigned certifies and says that the following person

ID Type ID No 5946762 State OR Ph

Name Last BLAKE First DEBRA MI LEE

Address

City State Zip Passenger

Sex F Race WHT DOB 01/30/1959 Hgt 5'02" Wgt 170 Hair GRY

Eye BRO Lic Exp 2012 Juv. Llc Class C Emp. to Drive

TIME/PLACE At the following time and place in the above-mentioned state and county

Off or About Date/Time 09/11/2019 07:25 AM

At or Near City

RIVERSIDE PARK

GRANTS PASS

NB. SB EB WB Highway Premise Open to Public Other

VEHICLE Involving the following

Year Make Model

Color Type

Regis/Vin/ID# State

Accident: Prop. Damage. Injury Endanger Other Com'l Veh Haz Mat Driver Not Reg. Owner Other Com'l Pass

OFFENSE(S) Did then and there commit the following offense(s)

HWY Work Zone School Zone VBR Safety Corridor Radar Pace Laser. Other Alleged Speed Designated Speed. Posted Limit.

Offense # 6.46.090

CAMPING IN PARKS

Warning

Presumptive Fine1 \$295.00

Intentional Knowing Reckless Criminal Negligence No Culpable Mental State

Offense # 6.46.040

PROHIBITED CONDUCT

Warning

Presumptive Fine2 \$295.00

Intentional Knowing Reckless Criminal Negligence No Culpable Mental State

Offense #

Warning

Presumptive Fine3

Intentional Knowing Reckless Criminal Negligence No Culpable Mental State

OTHER

Expl

SIGNATURE

I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint

Signature of Officer 

Officer name1. MCGINNIS, JASON. Officer ID 54243

Officer name2. Officer ID

Agency Name GRANTS PASS DPS

Issue Date 10/11/2019

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE

10/09/2019 09:00 AM

Location JOSEPHINE CO CIRCUIT COURT

500 NW 6TH STREET

GRANTS PASS OR 97526

541-476-2309

MD04291

COMPLAINT/SUMMONS

Initial

10/15/2020

19V1143832

RECORD AND: CIRCUIT COURT REGISTER JUSTICE COURT DOCKET MUNICIPAL COURT DOCKETHANDLED BY: VIOLATIONS BUREAU COURT WRITTEN SUBMISSION APPEARANCE

DATE EVENT/NOTES INITIAL

Reserved for D.A. Use

Reserved for Court Use

19V1143832

COMPLAINT FILED SEP 13 2019

WRITTEN RESPONSE RECEIVED

ARRAIGNED MISD. 161 566 OR VIOL 161 568 (REDUCTION)

SECURITY RELEASE AT \$ RECEIPT NO

COURT/JURY TRIAL WAIVED

CRIMINAL RIGHTS GIVEN

ATTORNEY OSB# WAIVED

WARRANT ORDERED ISSUED

DIVERSION AGREEMENT

CONTINUED TO REASON

 ORS 135 355 CONDITIONAL PLEA

THE ATTACHED ADDITIONS TO THIS RECORD/REGISTER ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____).

JUDGMENT OF THE COURT (SUBMIT ABSTRACT COPY UNDER ORS 153.11)

OFF RESPONSE/ CHANGE FINDING DETERMINATION OFFENSE TYPE CLASS

PLEA PLEA SITE

1 G NG NC FTA G NG C A DISM VM A B C D OTH

2 G NG NC FTA G NG C A DISM VM A B C D OTH

3 G NG NC FTA G NG C A DISM VM A B C D OTH

DISPOSITION 137 533 DEFERRED SENTENCE SENT IMP SUS

UDR PRIV. SUSP (TIME) CONV SPD

JAIL

PROBATION/OTHER

THE ATTACHED ADDITIONS TO THIS JUDGMENT ARE INCORPORATED BY

REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____), 3 (BY _____).

MONEY JUDGMENT OFFENSE 1 OFFENSE 2 OFFENSE 3

MONEY OBLIGATION IMPOSE SUSPEND IMPOSE SUSPEND IMPOSE SUSPEND

FINE

COSTS

RESTITUTION

TOTAL

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED

(FROM OFFENSES 1,2 AND 3) \$

TERMS OF PAYMENT

 ALL MONEYS, INCLUDING SUSPENDED MONEYS, BECOME DUE IMMEDIATELY

UNDER ORS 153.090(4) IF NONSUSPENDED MONEYS NOT PAID IN

ACCORDANCE WITH TERMS OF PAYMENT

THE ATTACHED ADDITIONS TO THIS MONEY JUDGMENT ARE INCORPORATED

BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____),

JUDGMENT CREDITOR STATE OF OREGON OTHERJUDGMENT DEBTOR DEFENDANT OTHERDATE SIGNATURE OF JUDGE (VIOLATIONS CLERK, WHERE ALLOWED)

19V1143832

Exhibit 9 - Page 1

OREGON UNIFORM CITATION AND COMPLAINT

DMV Use Only

MD04317

Use for All Violations or Crimes Where Separate Complaint Will Not be Filed/ORS 153.045 or 133.069

<input type="checkbox"/> CRIME(S) (see A below)	OR (Not Both)	<input checked="" type="checkbox"/> VIOLATION(S) (see B below)	Type OTHER
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STATE OF OREGON

CITY/OTHER PUBLIC BODY GRANTS PASSCOUNTY OF JOSEPHINECase No. 2019-44647Court JOSEPHINE CO CIRCUIT COURTCOMPLAINT/SUMMONS
MD04317RECORD AND: CIRCUIT COURT REGISTER JUSTICE COURT DOCKET MUNICIPAL COURT DOCKETHANDLED BY: VIOLATIONS BUREAU COURT WRITTEN SUBMISSION APPEARANCE

DATE

EVENT/NOTES

SEP 27 2019

INITIAL

COMPLAINT FILED		
WRITTEN RESPONSE RECEIVED		
ARRAIGNED <input type="checkbox"/> MISD <input type="checkbox"/> 161 566 OR <input type="checkbox"/> VIOL <input type="checkbox"/> 161 568 (REDUCTION)		
SECURITY RELEASE AT \$	RECEIPT NO	
COURT/JURY TRIAL	(<input type="checkbox"/> WAIVED)	
CRIMINAL RIGHTS GIVEN		
ATTORNEY	OSB#	(<input type="checkbox"/> WAIVED)
WARRANT ORDERED	ISSUED	
DIVERSION AGREEMENT		
CONTINUED TO	REASON	
<input type="checkbox"/> ORS 135.355 CONDITIONAL PLEA		

THE ATTACHED ADDITIONS TO THIS RECORD/REGISTER ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____).

JUDGMENT OF THE COURT (SUBMIT ABSTRACT COPY UNDER ORS 153.11)

OFF RESPONSE/ CHANGE FINDING DETERMINATION OFFENSE TYPE CLASS
PLEA PLEA DETERMINATION SITE

1	G NG NC FTA	G NG	C A DISM	V M	A B C D OTH
2	G NG NC FTA	G NG	C A DISM	V M	A B C D OTH
3	G NG NC FTA	G NG	C A DISM	V M	A B C D OTH

DISPOSITION 137 533 DEFERRED SENTENCE SENT IMP SUS

UDR PRIV SUSP _____ (TIME) CONV SPD _____

JAIL _____

PROBATION/OTHER _____

THE ATTACHED ADDITIONS TO THIS JUDGMENT ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____); 3 (BY _____).MONEY JUDGMENT OFFENSE 1 OFFENSE 2 OFFENSE 3
MONEY OBLIGATION IMPOSE SUSPEND IMPOSE SUSPEND IMPOSE SUSPEND

FINE _____

COSTS _____

RESTITUTION _____

TOTAL ►

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED
(FROM OFFENSES 1,2 AND 3) \$ _____

TERMS OF PAYMENT _____

 ALL MONEYS, INCLUDING SUSPENDED MONEYS, BECOME DUE IMMEDIATELY UNDER ORS 153.090(4) IF NONSUSPENDED MONEYS NOT PAID IN ACCORDANCE WITH TERMS OF PAYMENTTHE ATTACHED ADDITIONS TO THIS MONEY JUDGMENT ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____),JUDGMENT CREDITOR STATE OF OREGON OTHER _____JUDGMENT DEBTOR DEFENDANT OTHER _____

DATE	SIGNATURE OF <input type="checkbox"/> JUDGE (<input type="checkbox"/> VIOLATIONS CLERK, WHERE ALLOWED)
------	--

DEFENDANT The undersigned certifies and says that the following person

ID Type ID No 5946762 State OR PhName Last BLAKE First DEBRA MI LEE

Address

City GRANTS PASS State OR Zip 97526 Passenger

Sex F Race WHT DOB 01/30/1959 Hgt 5'02" Wgt 170 Hair GRY

Eyes BLU Lic Exp. 2012 Juv Lic. Class C Emp. to Drive

TIME/PLACE

At the following time and place in the above-mentioned state and county

On or About Date/Time 09/11/2019 11:01 AMAt or Near CITY
RIVERSIDE PARK

GRANTS PASS

NB SB EB WB Highway Premise Open to Public Other

VEHICLE Involving the following

Year 2010 Make TOYOTA Model RAV4Color WHITE Type PassengerRegis/Vin/ID# 2T3RZ3A50A0123456 State ORAccident Prop. Damage Injury Endanger Other Com'l Veh Haz Mat Driver Not Reg Owner Other Com'l Pass.

OFFENSE(S) Did then and there commit the following offense(s)

HWY Work Zone School Zone VBR Safety Corridor Radar Pace Laser Other Alleged Speed 55 Designated Speed. 55 Posted Limit Offense # 5.57.020

CRIMINAL TRESPASS ON CITY PROPERTY

Warning Presumptive Fine1 \$295.00Intentional Knowing Reckless
Criminal Negligence No Culpable Mental State

Offense #

Warning

Presumptive Fine2

Intentional Knowing Reckless
Criminal Negligence No Culpable Mental State

Offense #.

Warning

Presumptive Fine3

Intentional Knowing Reckless
Criminal Negligence No Culpable Mental State

OTHER

NEW CITE FOR TRESPASS INSTEAD OF PROHIBITED CONDUCT ON PREV CITE

Expl

SIGNATURE

I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint

Signature of Officer J. MCGINNISOfficer name1 J. MCGINNIS, JASON.Officer ID 54243

Officer name2

Officer ID

Agency Name GRANTS PASS DPSIssue Date 09/11/2019

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE

10/23/2019 09:00 AMLocation JOSEPHINE CO CIRCUIT COURT500 NW 6TH STREETGRANTS PASSOR 97526541-476-2309

19V1151448

IN THE CIRCUIT COURT OF THE STATE OF OREGON
 FOR THE COUNTY OF JOSEPHINE
 500 NW 6th Street Dept 17 Grants Pass Oregon 97526

State of Oregon

v.

DEBRA LEE BLAKE

Defendant

Case No: 19VI143832

GENERAL JUDGMENT
 Re: Citation #: **MD04291**

The court finds the defendant GUILTY of the charges designated "CONVICTED" in the section below

Driver's License# & State: OR-5946762		Commercial DL? No	
License Name: BLAKE, DEBRA LEE			
Date of Birth: 01/30/1959	Height: 5 Ft. 2 In.	Def is Passenger? No	
Sex: Female	Weight: 170 Lbs.		
Address: 125 Manzanita Grants Pass, OR 97526			
Offense Date: 09/11/2019			
EMP: No	CMV: No	Com'l Pass Veh: No	HAZ: No
Location: Riverside Park		Time:	
ORS/OAR#:			
6.46.090	Convicted - Failure to Appear	Camping in City Park	Violation Unclassified
		Prohibited Conduct in a City Park	Violation Unclassified
6.46.040			
Convicted Speed:	Designated Speed:	In School Zone?	
		No; No	
Original Date to Appear: 10/09/2019			

FINE ASSESSED: \$590.00

Go to www.courts.oregon.gov/ePay to pay online

(includes restitution of \$ _____ payable to: (name, address: _____)
Judgment Creditor: State of Oregon **Judgment Debtor:** Defendant

Payment in full is due **IMMEDIATELY**. If payment is not received within 30 days of this judgment, additional costs and fees will be added and your driver's license may be suspended.

10/16/2019
 Date

/eS/ Christine Purkey
 Violations Clerk

IN THE CIRCUIT COURT OF THE STATE OF OREGON
 FOR THE COUNTY OF JOSEPHINE
 500 NW 6th Street Dept 17 Grants Pass Oregon 97526

State of Oregon

v.

DEBRA LEE BLAKE

Defendant

Case No: 19VI151448

GENERAL JUDGMENT

Re: Citation #: **MDo4317**

The court finds the defendant GUILTY of the charges designated "CONVICTED" in the section below

Driver's License# & State: OR-5946762		Commercial DL? No	
License Name: BLAKE, DEBRA LEE			
Date of Birth: 01/30/1959	Height: 5 Ft. 2 In.	Def is Passenger? No	
Sex: Female	Weight: 170 Lbs.		
Address: 125 Manzanita Grants Pass, OR 97526			
Offense Date: 09/11/2019			
EMP: No	CMV: No	Com'l Pass Veh: No	HAZ: No
Location: Riverside Park		Time:	
ORS/OAR#:			
5.57.020	Convicted - Failure to Appear	Criminal Trespass on City Property	Violation Unclassified
Convicted Speed:	Designated Speed:	In School Zone?	
		No	
Original Date to Appear: 10/23/2019			

FINE ASSESSED: \$295.00

Go to www.courts.oregon.gov/ePay to pay online

(includes restitution of \$ _____ payable to: (name, address: _____)
Judgment Creditor: State of Oregon **Judgment Debtor:** Defendant

Payment in full is due **IMMEDIATELY**. If payment is not received within 30 days of this judgment, additional costs and fees will be added and your driver's license may be suspended.

10/29/2019

Date

/eS/ Christine Purkey

Violations Clerk

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REGISTER OF ACTIONS

CASE No. 19VI151448

State of Oregon vs DEBRA LEE BLAKE



Case Type: Offense Violation
 Date Filed: 09/27/2019
 Location: Josephine

PARTY INFORMATION

Defendant	BLAKE, DEBRA LEE 125 Manzanita Grants Pass, OR 97526 SID: OR21061030	Female White DOB: 1959 5' 2", 170 lbs	Attorneys
------------------	--	---	------------------

Plaintiff State of Oregon

CHARGE INFORMATION

Charges: BLAKE, DEBRA LEE 1. Criminal Trespass on City Property	Statute 5.57.020	Level Violation Unclassified	Date 09/11/2019
---	----------------------------	--	---------------------------

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

10/29/2019 **Disposition** (Judicial Officer: Authority, Administrative)
 1. Criminal Trespass on City Property
 Convicted - Failure to Appear
 Created: 10/29/2019 3:10 PM

10/29/2019 **Sentence - Violation** (Judicial Officer: Authority, Administrative)
 1. Criminal Trespass on City Property

Fee Totals:

Fee Totals \$	Amount	Reduction	Owed
Fine - Grants Pass Municipal Law	\$295.00		\$295.00
Fee Modifier	\$295.00		\$295.00

Created: 10/29/2019 3:10 PM

OTHER EVENTS AND HEARINGS

09/27/2019 **Citation**
 Created: 09/27/2019 9:35 AM

10/29/2019 **Judgment - Violation General** (Judicial Officer: Authority, Administrative)
 Signed: 10/29/2019
 Created: 10/29/2019 3:22 PM

10/29/2019 **Closed**
 Created: 10/29/2019 3:23 PM

11/05/2019 **Notice**
 FTA
 Created: 11/05/2019 8:04 AM

12/03/2019 **Judgment - Payment Schedule Assessment**
 Created: 12/03/2019 7:37 AM

12/05/2019 **Recordination - Collection Referral Judgment**
 Created: 12/05/2019 5:30 PM

FINANCIAL INFORMATION

Defendant BLAKE, DEBRA LEE Total Financial Assessment Total Payments and Credits Balance Due as of 01/13/2020	537.60 0.00 537.60
10/29/2019 Transaction Assessment	295.00
12/03/2019 Transaction Assessment	125.00
12/05/2019 Transaction Assessment	117.60

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[Back](#)
Location : All Locations [Images](#) [Help](#)

REGISTER OF ACTIONS

CASE No. 19VI143832

State of Oregon vs DEBRA LEE BLAKE

 §
 §
 §
 §

 Case Type: Offense Violation
 Date Filed: 09/13/2019
 Location: Josephine

PARTY INFORMATION

Defendant	BLAKE, DEBRA LEE 125 Manzanita Grants Pass, OR 97526 SID: OR21061030	Female White DOB: 1959 5' 2", 170 lbs	Attorneys
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 Plaintiff **State of Oregon**

CHARGE INFORMATION

Charges: BLAKE, DEBRA LEE 1. Camping in City Park 2. Prohibited Conduct in a City Park	Statute	Level
	6.46.090	Violation Unclassified
	6.46.040	Violation Unclassified

EVENTS & ORDERS OF THE COURT

DISPOSITIONS

10/16/2019 **Disposition** (Judicial Officer: Authority, Administrative)
 1. Camping in City Park
 Convicted - Failure to Appear
 2. Prohibited Conduct in a City Park
 Convicted - Failure to Appear
 Created: 10/16/2019 10:16 AM

10/16/2019 **Sentence - Violation** (Judicial Officer: Authority, Administrative)

1. Camping in City Park Fee Totals:	Amount	Reduction
Fine - Grants Pass Municipal Law	\$295.00	\$295.00
Fee Totals \$	\$295.00	\$295.00
Fee Modifier		

Created: 10/16/2019 10:16 AM

10/16/2019 **Sentence - Violation** (Judicial Officer: Authority, Administrative)

2. Prohibited Conduct in a City Park Fee Totals:	Amount	Reduction
Fine - Grants Pass Municipal Law	\$295.00	\$295.00
Fee Totals \$	\$295.00	\$295.00
Fee Modifier		

Created: 10/16/2019 10:17 AM

OTHER EVENTS AND HEARINGS

09/13/2019 **Citation**
 Created: 09/13/2019 2:20 PM

10/16/2019 **Judgment - Violation General** (Judicial Officer: Authority, Administrative)
 Signed: 10/16/2019
 Created: 10/16/2019 10:18 AM

10/16/2019 **Closed**
 Created: 10/16/2019 10:18 AM

10/22/2019 **Notice**
 FTA
 Created: 10/22/2019 8:16 AM

11/20/2019 **Judgment - Payment Schedule Assessment**
 Created: 11/20/2019 7:08 AM

11/21/2019 **Recordation - Collection Referral Judgment**
 Created: 11/21/2019 5:26 PM

FINANCIAL INFORMATION

Defendant BLAKE, DEBRA LEE	1,011.20
Total Financial Assessment	0.00
Total Payments and Credits	1,011.20
Balance Due as of 01/13/2020	
10/16/2019 Transaction Assessment	295.00
10/16/2019 Transaction Assessment	295.00
11/20/2019 Transaction Assessment	200.00
11/21/2019 Transaction Assessment	221.20



Grants Pass Department of Public Safety

TRESPASS REPORT

Date 4-11-19	Time 0730 hrs.	Case # 19-44647
Incident Address 304 EAST PARK ST.		
Prior Warning Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Most recent warning date NA	Prior warning Officer NA
Related CAD Incidents		

ARRESTEE

Name: Last BLAKE	First Debra	MI L	Sex M	DOB 1-30-59	Phone NA
Race Wht	Age 60	Height 5'2	Weight 170	Hair Grey	Eye Brown
Address Transient					Disposition
Reason for Contact Camping in the park - Prohibited Conduct - Park hours					
Associates					

Narrative on back

GRANTS PASS EXCLUSION ORDER

Date: 4-11-19

Time: 0730 hrs.

You, Debra Blake, are hereby excluded from all city parks within the City of Grants Pass, for a period of 30 days from the date of this Exclusion Order. If you are found to be on City property prior to the expiration of this Exclusion Order, you will be arrested.

You may file a written objection of this Exclusion Order with the City of Grants Pass, to the attention of the City Manager, within two business days of the date of this Exclusion Order. The written objection must state the relief sought. The City Council shall determine whether the Exclusion Order is upheld, shortened, or rescinded. The Exclusion Order shall remain in effect during the pendency of the objection.

Issuing Officer: MCGinnisDPSST #: 54243

OREGON UNIFORM CITATION AND COMPLAINT

DMV Use Only

Use for All Violations or Crimes Where Separate Complaint Will Not be Filed/ORS 153.045 or 153.069

<input type="checkbox"/> CRIME(S) (see A below)	OR	<input checked="" type="checkbox"/> VIOLATION(S) (see B below)	Type OTHER
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MO06287

Reserved
for D.A. UseReserve
for Court UseRECORD AND: CIRCUIT COURT REGISTER JUSTICE COURT DOCKET MUNICIPAL COURT DOCKETHANDLED BY: VIOLATIONS BUREAU COURTBASED ON: WRITTEN SUBMISSION APPEARANCE

DATE

EVENT/NOTES

INITIAL

	COMPLAINT FILED	APR 28 2017	
	WRITTEN RESPONSE RECEIVED		
	ARRAIGNED <input type="checkbox"/> MISD <input type="checkbox"/> 161 566 OR <input type="checkbox"/> VIOL <input type="checkbox"/> 161.568 (REDUCTION)		
	SECURITY RELEASE AT \$	RECEIPT NO	
	COURT/JURY TRIAL	(<input type="checkbox"/> WAIVED)	
	CRIMINAL RIGHTS GIVEN		
	ATTORNEY	OSB#	(<input type="checkbox"/> WAIVED)
	WARRANT ORDERED	ISSUED	
	DIVERSION AGREEMENT		
	CONTINUED TO	REASON	
	<input type="checkbox"/> ORS 135.355 CONDITIONAL PLEA		

THE ATTACHED ADDITIONS TO THIS RECORD/REGISTER ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____),

JUDGMENT OF THE COURT (SUBMIT ABSTRACT COPY UNDER ORS 153.11)

OFFENSE #	PLEA	FINDING	DETERMINATION	OFFENSE SITE	TYPE	CLASS
1	G NG NC FTA	G NG	C A DISM		VM	A B C D O TH
2	G NG NC FTA	G NG	C A DISM		VM	A B C D O TH
3	G NG NC FTA	G NG	C A DISM		VM	A B C D O TH

DISPOSITION 137 533 DEFERRED SENTENCE SENT IMP. SUS DR PRIV. SUSP _____ (TIME) CONV. SPD _____

JAIL _____

PROBATION/OTHER _____

THE ATTACHED ADDITIONS TO THIS JUDGMENT ARE INCORPORATED BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____), 3 (BY _____);

MONEY JUDGMENT	OFFENSE 1	OFFENSE 2	OFFENSE 3	MONEY OBLIGATION			
				IMPOSE	SUSPEND	IMPOSE	SUSPEND
FINE							
COSTS							
RESTITUTION							
TOTAL ►							

TOTAL AMOUNT TO PAY THAT IS NOT SUSPENDED
(FROM OFFENSES 1,2 AND 3) \$ _____

TERMS OF PAYMENT _____

ALL MONEYS, INCLUDING SUSPENDED MONEYS, BECOME DUE IMMEDIATELY
UNDER ORS 153.090(4) IF NONSUSPENDED MONEYS NOT PAID IN
ACCORDANCE WITH TERMS OF PAYMENT

THE ATTACHED ADDITIONS TO THIS MONEY JUDGMENT ARE INCORPORATED
BY REFERENCE, SEE PAGE(S) 1 (BY _____), 2 (BY _____)JUDGMENT CREDITOR STATE OF OREGON OTHER _____JUDGMENT DEBTOR DEFENDANT OTHER _____

DATE	SIGNATURE OF JUDGE (<input type="checkbox"/> VIOLATIONS CLERK, WHERE ALLOWED)

YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE

05/16/2017 01:00 PM
Location JOSEPHINE COUNTY CIRCUIT COURT
500 NW 6TH STREET
GRANTS PASS OR 97526
541-476-2309

MO06287

17 VI64365

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input checked="" type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic	<input type="checkbox"/> Other	<input type="checkbox"/> Wildlife
			<input type="checkbox"/> Boating	<input type="checkbox"/> Commercial Fishing	

STATE OF OREGON _____
 CITY/OTHER PUBLIC BODY _____ Grants Pass _____
 COUNTY OF Josephine _____

Docket No _____
 Court _____
 Municipal
 Juvenile
 Community
 Justice
 Circuit 14
 Tribal
 Peer

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

ID Type <input type="checkbox"/> CDL <input type="checkbox"/> Non-CDL	ID No 37200798	State TX	License Class 10	
Name-Last WHITE		First LAURENTE	MI L	
Address TRANSIORT		Tel No NONO		
City A		State —	Zip Code —	Def is <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive <input checked="" type="checkbox"/> COMMUNI
Sex <input type="checkbox"/> M	Race B	DOB 3-14-85	Height 509	Weight 150
			Hair BRO	Eyes BRO

AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:

Offense Date on or about	Month 9	Day 10	Year 14	Time 0445 hrs	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Highway <input checked="" type="checkbox"/> Open road
At or near Location 505 58 8th st						<input type="checkbox"/> Premises open to public

IN VOLVING THE FOLLOWING:

Type	Regis/VIN/ID No	State	<input type="checkbox"/> Accident	<input type="checkbox"/> Injury	
<input type="checkbox"/> Property Damage				<input type="checkbox"/> Endanger others	
Vehicle year, make, model, style, color, OR Other, describe					
Other		<input type="checkbox"/> Driver not Reg Owner <input type="checkbox"/> Haz Material <input type="checkbox"/> Com Passenger Vehicle <input type="checkbox"/> Com Vehicle			

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1 Violated (cite ORS/ ORD/rule)	Describe 5.61.030 LAMPING PROHIBITED	Alleged Spd	Designated Spd	<input type="checkbox"/> Posted Limit	<input type="checkbox"/> Radar
				<input type="checkbox"/> VBR	<input type="checkbox"/> Pace
				<input type="checkbox"/>	<input type="checkbox"/> Laser
2 Violated (cite ORS/ ORD/rule)	Describe	<input type="checkbox"/> Safety Corridor			1 Presumptive Fine
		<input type="checkbox"/> Psld Sch Zn <input type="checkbox"/> Hwy Wk Zn			795-
3 Violated (cite ORS/ ORD/rule)	Describe				2 Presumptive Fine
					3 Presumptive Fine

OTHER

Expl 14-34936	
------------------	--

I certify under ORS 153.045 and 153.090 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint.

9-10-14 *[Signature]* 14GPP21246 57478
 Date Issued 1st Officer Signature No

Print 1st Officer Name *LORENTZ* CT
 2nd Officer of Arresting Person
 (If Not Officer) Signature

YOUR COURT APPEARANCE DATE

Mo/Day/Year 10/6/14	Time 1400	Josephine 500 NW 6th Grants Pass Phone 541-476-2309		Phone 541-474-5186
<input type="checkbox"/> AM	<input type="checkbox"/> PM			

GPP21245

COMPLAINT

Reserved
for D.A. useReserved
Court useD.A.
LAURENTE LOfficer(s) Agency ID
GPPS
1st Officer ID No
57478

OREGON UNIFORM CITATION AND COMPLAINT

Use for All Violations or Crimes Where Separate Complaint Will Not Be Filed/ORS 153.045 or 133.069

<input type="checkbox"/> CRIME(S) (See A on Back)	OR (Not Both)	<input checked="" type="checkbox"/> VIOLATION(S) (See B on Back)	<input type="checkbox"/> Traffic	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Wildlife
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STATE OF OREGON	Grants Pass	Docket No	SEP - 5 2017
CITY/OTHER PUBLIC BODY	Josephine	Court	<input checked="" type="checkbox"/> Justice
COUNTY OR		<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Circuit
		<input type="checkbox"/> Juvenile	<input type="checkbox"/> Tribal
		<input type="checkbox"/> Community	<input type="checkbox"/> Peer

THE UNDERSIGNED CERTIFIES AND SAYS THAT THE FOLLOWING PERSON:

ID Type <input checked="" type="checkbox"/> 10 <input type="checkbox"/> CDL	ID No 3420933	State OR	License Class			
Name First Last Middle Kerry	First Derek	MI				
Address Transient		Tel No	E			
City State Zip Code		Def is <input type="checkbox"/> Passenger <input type="checkbox"/> Employed to drive Cited				
Sex M	Race W	DOB 5-29-85	Height 510	Weight 150	Hair Bro	Eyes Bro

AT THE FOLLOWING TIME AND PLACE IN THE ABOVE-MENTIONED STATE AND COUNTY:

Offense Date on or about 9	Month 5	Day 17	Year 340	Time AM	<input type="checkbox"/> PM	<input type="checkbox"/> Highway	<input checked="" type="checkbox"/> Premises open to public
At or near location 310 SW Gth St.							

IN VOLVING THE FOLLOWING:

Type	Regis/VIN/ID No	State	<input type="checkbox"/> Accident	<input type="checkbox"/> Injury			
<input type="checkbox"/> Properly Damage				<input type="checkbox"/> Endanger others			
Vehicle year, make, model, style, color, OR Other, describe							
Other <input type="checkbox"/> Driver not Reg Owner <input type="checkbox"/> Haz Material <input type="checkbox"/> Com Passenger Vehicle <input type="checkbox"/> Com Vehicle							

DID THEN AND THERE COMMIT THE FOLLOWING OFFENSE(S):

1 Violated (cite ORS/ ORD/rule)	Describe 5.61.020 sleeping on sidewalk	Alleged Spd	Designated Spd	<input type="checkbox"/> Posted Limit	<input type="checkbox"/> Radar
				<input type="checkbox"/> VBR	<input type="checkbox"/> Pace
				<input type="checkbox"/> Laser	
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence				<input type="checkbox"/> Safety Corridor	1 Presumptive Fine
<input checked="" type="checkbox"/> No culpable mental state				<input type="checkbox"/> Psld Sch Zn	<input type="checkbox"/> Hwy Wk Zn
				75-	
2 Violated (cite ORS/ ORD/rule)	Describe				
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence				2 Presumptive Fine	
3 Violated (cite ORS/ ORD/rule)	Describe				
<input type="checkbox"/> Intentional <input type="checkbox"/> Knowing <input type="checkbox"/> Reckless <input type="checkbox"/> Criminal negligence				3 Presumptive Fine	
<input type="checkbox"/> No culpable mental state					

Expl
17-42423

I certify under ORS 153.045 and 153.990 and under other applicable law and under penalties for false swearing, do swear/affirm that I have sufficient grounds to and do believe that the above-mentioned defendant/person committed the above offense(s) and I have served the defendant/person with this complaint

Date Issued 9-5-17	1st Officer Signature The Finkle	Officer(s) Agency ID CPDPS
Print 1st Officer Name K. Frownfelter		1st Officer ID No 48145
2nd Officer of Arresting Person (If Not Officer)	Signature	2nd Officer ID No
Print Name		
YOUR COURT APPEARANCE DATE, TIME AND LOCATION ARE		
Mo/Day/Year 9-25-17	Time 1:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Josephine CO Courthouse 500 NW 6th Street Grants Pass, OR 97526 Phone 541-474-2309
		<input type="checkbox"/> Juvenile Justice Center 301 NW "F" Street Grants Pass, OR 97526 Phone 541-474-5186

COMPLAINT
GPP23986Reserved
for DA useReserved for
Court use

17-VT-BS-178